


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 037 ***150.00

DOCUMENT # P98000003502 1. Entity Name OWL PATROL CRIME PREVENTION, INC.																																																																																																					
Principal Place of Business 11401 SW 40 ST STE 350 MIAMI, FL 33165-3340			Mailing Address 11401 SW 40 ST STE 350 MIAMI, FL 33165-3340																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-0803163																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent ESPINA, JOSE A 11890 SW 8TH ST STE 403 MIAMI, FL 33184				7. Name and Address of New Registered Agent Name ESPINA, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 11401 SW 40 ST Suite 350 City MIAMI FL Zip Code 33165																																																																																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE 1/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ESPINA, JOSE A</td> <td></td> <td>STREET ADDRESS</td> <td>S. MARGARITA ESPINA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11890 SW 8TH STE. 403 MIAMI, FL 33184</td> <td></td> <td>CITY-ST-ZIP</td> <td>13236 NW 10 ST MIAMI, FL 33182</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>T ESPINA, JESSICA</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11890 SW 8TH STE. 403 MIAMI, FL 33184</td> <td></td> <td>CITY-ST-ZIP</td> <td>11401 SW 40ST Suite 350 MIAMI, FL 33165</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>T</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ANGEL, SANTE</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11890 SW 8TH ST. STE 403 MIAMI, FL 33184</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ESPINA, JESSICA</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11401 SW 40 ST #350 MIAMI, FL 33165</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	ESPINA, JOSE A		STREET ADDRESS	S. MARGARITA ESPINA		CITY-ST-ZIP	11890 SW 8TH STE. 403 MIAMI, FL 33184		CITY-ST-ZIP	13236 NW 10 ST MIAMI, FL 33182		STREET ADDRESS	S	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	T ESPINA, JESSICA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP	11890 SW 8TH STE. 403 MIAMI, FL 33184		CITY-ST-ZIP	11401 SW 40ST Suite 350 MIAMI, FL 33165		STREET ADDRESS	T	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	ANGEL, SANTE		CITY-ST-ZIP			STREET ADDRESS	11890 SW 8TH ST. STE 403 MIAMI, FL 33184		STREET ADDRESS			CITY-ST-ZIP	T	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ESPINA, JESSICA		STREET ADDRESS			CITY-ST-ZIP	11401 SW 40 ST #350 MIAMI, FL 33165		CITY-ST-ZIP			STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP			CITY-ST-ZIP			STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/31/07 (305) 207-7717 <small>Daytime Phone #</small>																																																																																																	

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